



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

WILLIAM WALDMAN
Commissioner

VELVET G. MILLER
Director

MEDICAID COMMUNICATION NO. 96-27 **DATE:** November 22, 1996

TO: County Welfare Agency Directors
Institutional Services Section (ISS)
Area Supervisors

SUBJECT: New Form PA-3L, Statement of Available Income
for Medicaid Payment

This is to advise you that form PA-3L has been revised and is to be used to report available income to offset the cost of care in an institutional setting. This Communication, together with the attached instructions, is effective immediately and shall be used in lieu of the instructions issued via Medicaid Communication No. 94-7.

The order in which the identifying information is listed on the top of the form has been rearranged.

- The HSP number and the beneficiary's name are now in the first two positions.
- The line where "County" was entered has been changed to "County Code." This allows you to fill in only the two-digit county code.
- The lines for "SSI Status" and "Previous Provider No." have been eliminated.
- The block titled "Other Income" has been eliminated. Income that previously was entered here should now be entered in the block titled "Pension/Other Benefit." The income entered in this block should be identified in the "Remarks" column.

There has been a change to the income and exemption codes.

- The code "N" indicating that this is a Medically Needy case was added. This allows the total gross income to exceed the "Medicaid Cap."

The order of the exemptions has been totally rearranged.

- The block titled "Workshop/Other" has been replaced with "Other." Exemptions such as guardianship fee and income from a workshop should be entered here and explained in the "Remarks" column.

Two new exemption blocks have been added.

- The blocks titled "Med. Needy Spend Down" and "Discretionary Income" are to be used with certain Medically Needy cases.

Changes have been made in the way that health insurance premiums are listed on the form.

- In the block titled "Health Premiums," the **total** dollar amount of health insurance premiums should be entered. The policy number should be entered in the "Remarks" column.
- If there are multiple health insurance policies, there is a space at the bottom of the "Remarks" column to list the additional policy numbers.

Please note that all exemptions entered above the block titled "Maint./ Spouse and/or Dependent" must be deducted from the total gross income **before** the spousal/dependent maintenance amount can be calculated.

The revised form PA-3L must be used for each Medicaid Only and New Jersey Care...Special Medicaid Programs (including the Medically Needy segment) recipient who is residing in a governmental or nursing facility. The counties are not responsible for completing a PA-3L for Supplemental Security Income (SSI) recipients who have little or no income and would continue to receive SSI in the facility. Those are processed by the Department of Health and Senior Services. Those who lose SSI upon admission because of income, must be converted to Medicaid Only or New Jersey Care and have a PA-3L completed by the county, including month of admission adjustments for verified living expenses, where applicable.

System-generated PA-3Ls will continue to be produced under the following circumstances:

1. When an admission transaction with a valid Medicaid HSP number is submitted by a nursing facility and there is no existing PA-3L with a corresponding effective date in the system.
2. When a nursing facility submits a Turn Around Document (TAD) showing a change in income and there is no corresponding PA-3L in the system.
3. When there is an income discrepancy between the ABIE file and the long-term care masterfile.
4. When system-wide changes occur, such as changes in the spousal maintenance standards.
5. Two months prior to the date when the case is due for redetermination.

This system-generated form contains financial information that is currently available in the system. This does not relieve the CWA/ISS offices of their responsibility to identify and verify available income.

The CWA/ISS offices have the option of initiating a PA-3L as soon as the financial information is ready for input. Every effort should be made to

complete the PA-3L within three months of either the date of admission to a nursing facility or the date of receipt of the admission document (MCNH-33).

Attached is a copy of the revised Form PA-3L (7/96), "Statement of Available Income For Medicaid Payment" and instructions for its completion. The revised PA-3L is a four-part, snap-out document with copies as identified below:

Original - DMAHS (white)
Copy 2 - Provider (canary)
Copy 3 - CWA (pink)
Copy 4 - Recipient (goldenrod)

If you have not already received a supply or you need an additional supply of Form PA-3L(rev. 7/96), they can be obtained by forwarding a written request to:

General Services
Division of Medical Assistance and Health Services
Mail Code #27
CN 712
Quakerbridge Plaza, Bldg. 7
Trenton, New Jersey 08625

Effective December 1, 1996, existing supplies of form PA-3L(rev. 7/93) should be destroyed and the revised form PA-3L (rev. 7/96) must be used.

This Communication is to be brought to the attention of all CWA staff involved in processing long-term care cases.

Please direct any questions relating to the actual completion of the form to the Department of Health and Senior Services, at (609) 588-2860. For questions relating to policy, contact the Division of Medical Assistance and Health Services, Office of Beneficiary and Provider Services, at (609) 588-2936.

Sincerely,



Karen I. Squarrell
Acting Director

KIS:G

Attachments

c: Len Fishman, Commissioner
Susan Reinhard, Ph.D., Deputy Commissioner
Department of Health and Senior Services

Karen Highsmith, Director
Division of Family Development

Patricia Balasco-Barr, Director
Division of Youth and Family Services

INSTRUCTIONS FOR THE COMPLETION OF THE FORM PA-3L, REVISED 7/96

These instructions supersede those attached to Medicaid Communication No. 94-7.

Please fill out the form completely, including the name and address of the Long-Term Care Facility (LTCF).

Math errors, even those as little as \$0.01, will be rejected by the system. Do not write anything or punch holes in the top center of the PA-3L above "State of New Jersey." This area is reserved for an internal control number that is added when the form is received by the data input unit.

It is not recommended that a PA-3L be sent to the data input unit before the beneficiary's eligibility has been entered into the Medicaid Eligibility System. PA-3Ls cannot be entered into the system unless Medicaid eligibility is in the system.

Detailed Instructions

When either receiving a system-generated PA-3L for verification or executing a new PA-3L, the appropriate information must be verified or entered in the designated spaces as indicated:

Line 1: **HSP (Medicaid) Case Number:** The 12-digit Medicaid ID number assigned to a beneficiary. The Medicaid ID # must be entered correctly, including the person number.

Medicaid Recipient's Name: The Medicaid beneficiary's last and first name. Please type or write legibly. A spelling error on this line will cause the PA-3L to reject when it is entered into the system.

Elig. Eff. Date: The eligibility effective date for this Medicaid ID Number.

Print Date: The date the PA-3L is generated.

NOTE: The system will generate PA-3Ls on a monthly basis. When a redetermination is due, the system will generate a PA-3L two months prior to the due date. For a new admission, the system will generate a PA-3L if a claim has been paid and the CWA has not yet submitted a PA-3L which has been entered into the system. For changes in income reported by a LTCF, a PA-3L will be generated. If there is a discrepancy in income between the ABIE file and what is listed in the long-term care masterfile, a PA-3L will be generated. Special PA-3L runs will be generated for changes in the spousal maintenance standards.

In order to avoid processing duplicate PA-3Ls, it is important when receiving a system-generated form, that close attention be paid to the "Print Date." If the CWA/ISS office completed a PA-3L which was entered into the system after the "Print Date" on a system-generated form, the system-generated form would be a duplicate. This form may be discarded.

Line 2: **SSA Number:** The Social Security Number as it appears on the Medicaid Eligibility File.

Redetermination Date: The date due for eligibility redetermination. The system will generate a PA-3L two months prior to the redetermination date.

County Code: The two-digit code representing the County of Supervision.

Line 3 & 4: **Long-Term Care Facility** Name and address.

LTCF Provider Number: The seven-digit number assigned to the long-term care facility.

INCOME AND EXEMPTION SECTION

The form is divided into several columns. The first column lists the categories of income and exemptions.

There are two columns under the block titled "LTCF." On system-generated PA-3Ls the larger contains the income information as reported by the facility, while the smaller column contains the following codes:

Line 1, titled **"Effective Date"**: (A) - new admission, (B) - ABIE file indicates a discrepancy in Social Security benefit, (C) - change of income, (R) - redetermination, (*) - special change (i.e., change in spousal maintenance deduction).

Line 11, titled **"Health Premium"**: (H) - Health Premium Exemption.

Line 13, titled **"Maint./Home"**: (H) - Home maintenance exemption.

Line 16, titled **"Maint./Spouse Dependent"**: (S) - Community Spouse or Dependent Maintenance Allowance.

Line 19 titled **"Available Income"**: (R) - Representative Payee.

It is important to note that when a code is entered in the smaller column on Line 1 titled **"Effective Date"** or one appears on a system-generated PA-3L, the corresponding word under the block titled **"Remarks"** must be circled.

Example: If "A" appears under the LTCF column on Line 1, circle **"Admit"** under the **"Remarks"** column.

For system-generated PA-3L forms, the column under the block titled **"PA-3L #1"** contains all income and exemption information reported by the CWA on the previous PA-3L, if a PA-3L is in the system. If the information which appears in this column has not changed, the CWA may enter the effective date and "NC" in the next column under the block titled **"PA-3L #2."** The CWA may change only the items that need to be changed and enter "NC" in the appropriate block for unchanged items. In order to delete the previous income or exemptions stored in the system, a zero must be entered into the appropriate block. **Do not** leave the block blank. The effective date must also be entered into the appropriate block. This would include deductions such as health insurance premiums or maintenance of a home to which the beneficiary is no longer entitled.

Buy-In

Medicare Part B entitled individuals, with no eligibility history immediately prior to admission, are responsible for payment of their Medicare premiums for the first two months of eligibility. Regardless of the pick-up date, no additional deductions should be indicated beyond that period. Overpayments will be returned to the individual's representative payee, who should be instructed to remit the amount of the check to the facility. For a hospital to long-term care facility transfer, it is important to note that the two months of premiums begin with the Medicaid effective date, which may be earlier than the date of admission to the facility. In these cases, the PA-3L should reflect only the actual period, if any, in which a deduction is applicable.

NOTE: When entering the premium amount on the PA-3L for the third month, enter the actual amount of the premium. However, on the line titled **"Gross Social Security Benefit,"** drop any figures to the right of the decimal point (except Medically Needy cases where the figures to the right of the decimal point must be left in). The Social Security Administration always issues checks in even dollar amounts.

Medicare Part B entitled individuals, who are already on Medicaid Only, enrolled in the Specified Low-Income Medicare Beneficiary (SLMB) program or enrolled in the New Jersey Care...Special Medicaid Programs, with at least two months of eligibility immediately prior to admission to a long-term care facility, where appropriate, are already entitled to Buy-in coverage and no deductions should be entered. A period of less than two months of eligibility should be entered accordingly.

The Part B premium can be higher than the standard premium due to a penalty that is assessed due to late filing. In these cases, the amount of the Part B premium should be verified and entered in the block titled "Buy-In" and the term "Penalty Premium" should be entered into the "Remarks" column next to the word "Remarks."

Medicare Part A entitled individuals, who must pay a premium and who have no eligibility history prior to admission, are responsible for payment of their Medicare premium for the first month of eligibility. Since this premium is subject to penalty for late enrollment, it should be verified for each case. These individuals do not receive Social Security benefits, therefore, the amounts of the premium should be entered in the block titled "Health Premium," if applicable. Like Medicare Part B entitled individuals, Part A premium payers who were already on Medicaid immediately prior to admission to a long-term care facility (except SLMBs) are already entitled to Buy-in coverage and no deductions should be made.

Individuals converting from SSI to Medicaid Only are continuously eligible for Buy-in coverage and no premium deduction should be indicated.

Medically Needy beneficiaries are not entitled to Buy-in coverage. Therefore, the amount of the Medicare premium must be entered in the block titled **"Buy-In Amount"** and must be deducted in the exemption section in the block titled **"Health Premium"** unless the premium was used to meet spenddown.

Identifier/Exemption Codes

The CWA must enter the following identifier/exception codes in the small column under the block titled **"Remarks"**:

Line 1, titled **"Effective Date"**: (A) - new admission, (C) - change of income, (R) - redetermination. **(For manual PA-3Ls only)**

Line 5, titled **"Railroad/Veteran"**: (P) - VA Improved Pension (these cases will have up to \$90 per month PNA rather than the usual \$35) and (G) - VA A & A (Veterans Aid and Attendance).

NOTE: Circle either **"Railroad"** or **"Veteran"** or both if applicable. If both are circled, enter the combined dollar value on the form.

Line 6, titled **"Pension/Other Benefit"**: (F) - Foreign pension and (O) - Other income (formerly entered in block titled **"Other Income"**).

NOTE: Circle either **"Pension"** or **"Other Benefit"** or both if applicable. If both are circled, enter the combined dollar value on the form. If the beneficiary receives more than one pension, enter the combined dollar value and note under **"Remarks."**

Line 8, titled **"Total Other Income"**: (M) - Married couple in the same LTCF [allows income to exceed Medicaid cap].

Line 9, titled **"Total Gross Income"**: (N) - Medically Needy case - allows income to exceed Medicaid cap, (T) - Miller

Trust (no Miller trusts established after June 30, 1995 will be recognized) - allows income to exceed Medicaid cap.

Indemnity

Enter indemnity benefits that are received **directly** by the beneficiary or his/her representative payee.

PNA

The PNA is usually \$35 per month, except for beneficiaries with VA Improved Pensions who may receive up to \$90 per month.

Health Premium

If an individual pays premiums on more than one health insurance policy, the premiums should be totaled and entered in the box titled **"Health Premium (total \$)."** Additional policy numbers should be listed under the **"Remarks"** column in the block titled **"Additional Health Insurance Policy Nos."**

NOTE: Noting a health insurance premium on form PA-3L **does not** eliminate the necessity to complete a TPL-1 form when approving Medicaid eligibility. Also, any changes in Third Party Liability information, including the beneficiary changing to a Medicare HMO, requires the completion of a new TPL-1 form reflecting the changes. This form should be mailed to:

Division of Medical Assistance and Health Services

TPL - Intake

Mail Code #48

CN 712

Trenton, New Jersey 08625-0712

Other

Exemptions for a 6% guardianship fee, income from a sheltered workshop program or court ordered child support payments are to be entered here. Please specify under "Remarks."

Maint./Home

This exemption allows a deduction of up to \$150 for maintenance of a home if it is certified by a physician that the beneficiary is not expected to be institutionalized for more than 6 months. This exemption can only be given for six months.

Month of Adm./Disch. Exempt**Month of Admission Exemption**

For the month of admission only, an exemption may be made for all verified expenses incurred by the individual prior to his/her admission to the long-term care facility from the community. This exemption cannot exceed the amount of the individual's total gross income. The verified expense shall be entered on the PA-3L in the box entitled **"Month of Adm./Disc. Exempt"** and must be identified as such in the box entitled **"Specify."** The amount listed in the block entitled "Available Income" must be reduced by the amount of this exemption. When expenses are less than the total gross income, up to \$35.00 may be deducted for PNA, to the extent that all deductions do not exceed gross income.

Month of Discharge Exemption

In the event of a discharge to the community and for the month of discharge only, an exemption may be allowed equal to the appropriate community standard. This exemption may not be made if a spouse, spouse/dependent children, or maintenance of a home exemption has been allowed for the month of discharge. If this deduction for the month of discharge is allowed, PNA may not be made available for the month of discharge. The amount listed in the block entitled "Available Income" must be reduced by the amount of this exemption.

Med. Needy Spend Down

This exemption is allowed on Medically Needy cases where the countable income exceeds the Medicaid rate of the nursing facility. It represents the actual incurred institutional care costs as well as the costs of medical services that are not covered by Medicaid (See Medicaid Communication 95-11).

NOTE: If the Medicare Part B premium was used to meet spend down, that amount is included in this section rather than as a deduction for health insurance premiums.

Maint./Spouse Dependent

Calculate the spousal maintenance allowance and/or the dependent maintenance allowance as per N.J.A.C.10:71-5.7(c) and enter in this section.

NOTE: The amount entered in this section cannot exceed the beneficiary's "Total Gross Income" minus the total amount of all exemptions entered above this line.

Discretionary Income

This exemption is allowed on Medically Needy cases where the amount of the available income would be higher than the Medicaid nursing facility payment. It is calculated in accordance with Medicaid Communication 95-11.

Available Income

This amount is calculated by subtracting the amount of "Total Exempt Income" from "Total Gross Income." This is the amount that is to be paid to the facility by the beneficiary or his/her representative payee.

The section titled **"Name and Address of Representative Payee"** and the **"Signature"** section will be blank on a system-generated PA-3L. It will be necessary for the CWA to complete and date this section.

NOTE: PA-3L forms will soon be sent to the data input unit at a new address within the Department of Health and Senior Services. This address will be provided to all CWA/ISS offices. Until then, completed PA-3L forms should continue to be mailed to the data input unit at the following address:

Division of Medical Assistance and Health Services
Bureau of Claims and Accounts
Mail Code #24
CN 712
Trenton, New Jersey 08625

The PA-3L examples on the following pages may be used as a guide to assist you in the proper use of the form.

STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT
Sample Key

Sample #	Description
1	Medically Needy eligible on 9/7 Medicaid Rate = \$100/day Private Rate = \$125/day
2	New admission VA Reduced Improved Pension
3	New admission No Social Security income Medicare Part A premium
4	New admission Month of admission verified expenses
5	New admission Medically Needy eligible Rental income
6	Medically Needy eligible Discretionary income Medicaid rate = \$100/day
7	New admission Railroad and Veteran's pension
8	New admission Medicare Part B premium (penalty increase)
9	System generated PA-3L - redetermination Married couple Multiple health insurance premiums
10	System generated PA-3L - redetermination Multiple health insurance premiums



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #1

PA-3L (rev. 7/96)

151501 5-01

Arthur

9/7/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

SSA Number:

Redetermination Date:

03/97

15

(MM/YY)

County Code

Long-Term Care Facility: Laurelton Village Conv. Center

LTCF Provider Number: 4492706

Address: 79 Jack Martin Blvd., Brick, NJ 08724

	LTCF	PA3L #1	PA3L #2	PA3L #3	Remarks
Effective Date		9/7/96	10/7/96	11/7/96	A (Admit) Change, Redetermination
Social Security Income		1600.00	1600.00	1600.00	Claim #
Buy-In Amount		42.50	42.50	42.50	HIC #
Gross Social Security Benefit		1642.50	1642.50	1642.50	
Railroad/Veteran					Claim #
Pension/Other Benefit		1958.00	1958.00	1958.00	Specify
Indemnity					Specify
Total Other Income	\$	\$ 1958.00	\$ 1958.00	\$ 1958.00	Spouse's S.S.A. #
Net Gross Income	\$	\$ 3600.50	\$ 3600.50	\$ 3600.50	N M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
NA		35.00	35.00	35.00	
Health Premium (Total \$)					*Policy #
Other					Specify
Maint./Home					Specify
Month of Adm./Disch. Exempt					Specify
Med. Needy Spend Down		792.50	792.50	792.50	Specify
Maint./Spouse Dependent					Specify
Secretory Income		373.00	273.00	373.00	Specify
Total Exempt Income	\$	\$ 1200.50	\$ 1100.50	\$ 1200.50	
Available Income	\$	\$ 2400.00	\$ 2500.00	\$ 2400.00	R = Representative Payee
Resources Circle One (es) No	SPECIFY (i.e., address) PNC Bank Acct. #63859 Home at 50 Suney St., Toms River, NJ				*Additional Health Insurance Policy Nos.

Name and address of Representative Payee:

Nature: IM Worker:

Im. Worker

D. Boss

Date: 9/18/96

Supervisor:

Date: 9/20/96



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

15100

-01

William

9/1/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

A Number:

Redetermination Date:

09/97

(MM/YY)

15

County Code

Long-Term Care Facility: Jersey Shore N.H.

LTCF Provider Number: 1538752

Address: 156 Nice St., Manahawkin, NJ 08225

	LTCF		PA3L #1	PA3L #2	PA3L #3	Remarks	
Effective Date			9/96	10/96	11/96	A	Admit, Change, Redetermination
Social Security Income			658	658	658		Claim #
Pay-In Amount					42.50		HIC #
Gross Social Security Benefit			658	658	700.00		
Railroad/ Veteran			90	90	90	P	Claim # 13586132VA
Pension/Other Benefit							Specify
Compensation							Specify
Total Other Income	\$		\$ 90	\$ 90	\$ 90		Spouse's S.S.A. #
Gross Income	\$		\$ 748	\$ 748	\$ 790		M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
VA			90	90	90		
Health Premium (Total \$)							*Policy #
Other							Specify
Int/Home							Specify
nth of Adm/ ch. Exempt							Specify
1. Needy and Down							Specify
nt/Spouse dependent							Specify
retionary me							Specify
l Exempt me	\$		\$ 90	\$ 90	\$ 90		
lible me	\$		\$ 658	\$ 658	\$ 700		R = Representative Payee
Resources Circle One s <input checked="" type="radio"/> No	SPECIFY (i.e., address)					*Additional Health Insurance Policy Nos.	
e and address of Representative Payee:							

Signature: IM Worker:

Im Worker

Date: 9/5/96

9/6/96

Supervisor:

N B...



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #3

PA-3L (rev. 7/96)

141000 -01

Doe Jane

9/1/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

PA Number:

Redetermination Date: 09/97

14

(MM/YY)

County Code

Long-Term Care Facility: Lakeside N.H.

LTCF Provider Number: 4496205

Address: 130 Broadway, Wayne, N.J. 07470

	LTCF		PA3L #1	PA3L #2	PA3L #3	Remarks	
Effective Date			9/1/96	10/1/96	11/1/96	A	Admit Change, Redetermination
Social Security Income							Claim #
Pay-In Amount							HIC #
Gross Social Security Benefit							
Railroad/ Veteran							Claim #
Pension/Other Benefit			331	331	331		Specify Teachers' Pension
Compensation							Specify
Spouse's S.S.A. #	\$		\$ 331	\$ 331	\$ 331		Spouse's S.S.A. #
Net Gross Income	\$		\$	\$	\$		M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
Health Premium (Net \$)			35	35	35		*Policy # verified Medicare PartA Prem.
Other							Specify
Int./Home							Specify
Month of Adm./ ch. Exempt							Specify
El. Needy and Down							Specify
Int./Spouse dependent							Specify
Retirement							Specify
El Exempt me	\$		\$ 288	\$ 35	\$ 35		
El Exempt me	\$		\$ 43	\$ 296	\$ 296		R = Representative Payee
Resources (circle One) s No	SPECIFY (i.e., address)					*Additional Health Insurance Policy Nos.	

Signature and address of Representative Payee:

Signature: IM Worker:

Im Worker

Date: 9/3/96

Supervisor:

P. Boss

Date: 9/5/96



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #4

PA-3L (rev. 7/96)

132001! -01

Brown

Barbara

9/1/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

SA Number: _____

Redetermination Date: 09/97
(MM/YY)

13
County Code

Long-Term Care Facility: Lovely Nursing Home

LTCF Provider Number: 1538752

Address: 209 Ocean Ave., Avon-by-the-Sea, N.J. 07765

	LTCF	PA3L #1	PA3L #2	PA3L #3	Remarks
Effective Date		9/1/96	10/1/96	11/1/96	A (Admit) Change, Redetermination
Social Security Income		579	579	579	Claim #
Buy-In Amount				42.50	HIC #
Gross Social Security Benefit		579	579	621	
Railroad/Veteran					Claim #
Pension/Other Benefit		300	300	300	0 Specify Rental Income
Indemnity					Specify
Total Other Income	\$	\$ 300	\$ 300	\$ 300	Spouse's S.S.A. #
Total Gross Income	\$	\$ 879	\$ 879	\$ 921	M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
VA		35	35	35	
Health Premium (Total \$)					*Policy #
Other					Specify
Resident/Home					Specify
Month of (Adm) Sch. Exempt		550			Specify Verified Expenses
Ed. Needy and Down					Specify
Resident/Spouse dependent					Specify
Discretionary Income					Specify
Total Exempt Income	\$	\$ 585	\$ 35	\$ 35	
Available Income	\$	\$ 294	\$ 844	\$ 886	R = Representative Payee
Resources Circle One (es) No	SPECIFY (i.e., address) Fleet Bank Savings Acct. # 31516-231 Home at 561 Atlantic Ave., Long Branch N.J.				*Additional Health Insurance Policy Nos.

Name and address of
Representative Payee: _____

Signature: IM Worker: Im. Worker

Date: 9/8/96

Supervisor: D. Boss

Date: 9/9/96



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #5

PA-3L (rev. 7/96)

15150 -01
HSP (Medicaid) Case Number

Patel John
Last First

9/1/96
Elig. Eff. Date

Print Date

SA number: Redetermination Date: 03/97
(MM/YY)

County Code

Long-Term Care Facility: Laurelton Village Conv. Center LTCF Provider Number: 4492706

Address: 475 Jack Martin Blvd., Brick, NJ 08724

	LTCF	PA3L #1	PA3L #2	PA3L #3	Remarks
Effective Date		9/96			A Admit, Change, Redetermination
Social Security Income		1131.00			Claim #
Buy-In Amount		42.50			HIC #
Gross Social Security Benefit		1173.50			
Railroad/Veteran					Claim #
Pension/Other benefit		310.00			Specify Rental Income
Compensation					Specify
Total Other Income	\$	\$ 310.00	\$	\$	Spouse's S.S.A. #
Total Gross	\$	\$ 1483.50	\$	\$	N M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
Health Premium (Total \$)		35.00 42.50			*Policy #
Other					Specify
Int/Home					Specify
Length of Adm./Ch. Exempt					Specify
Ind. Needy and Down					Specify
Int/Spouse dependent		860.05			Specify
Discretionary Income					Specify
Eligible Exempt Income	\$	\$ 937.55	\$	\$	
Eligible Income	\$	\$ 545.95	\$	\$	R = Representative Payee
Resources (Single One)	SPECIFY (i.e., address) PNC Bank Acct. # Home at 359 Willow Ave., Brick, NJ				*Additional Health Insurance Policy Nos.
Representative Payee:	Sally Patel, 359 Willow Ave., Brick, NJ 08724				

Signature: IM Worker: *Im. Worker*

Date: 9/8/96

Supervisor: *D. Boss*

Date: 9/9/96



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #6

PA-3L (rev. 7/96)

121000 -01

Johnson

George

9/1/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

SA Number:

Redetermination Date:

03/97

12

(MM/YY)

County Code

4398712

Long-Term Care Facility: Edison Manor

LTCF Provider Number:

Address: 246 Plainfield Ave., Edison, NJ 07683

	LTCF	PA3L #1	PA3L #2	PA3L #3	Remarks	
Effective Date		9/1/96	10/1/96	11/1/96	A	Admit/Change, Redetermination
Social Security Income		1000.00	1000.00	1000.00		Claim # 5A
Buy-In Amount		42.50	42.50	42.50		HIC #
Gross Social Security Benefit		1042.50	1042.50	1042.50		
Railroad/Veteran Pension/Other benefit		2157.00	2157.00	2157.00		Specify GMC Pension #6532118
Indemnity						Specify
Total Other Income	\$	\$ 2157.00	\$ 2157.00	\$ 2157.00		Spouse's S.S.A. #
Net Gross Income	\$	\$ 3199.50	\$ 3199.50	\$ 3199.50	N	M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
NA		35	35	35		
Health Premium (total \$)		42.50	42.50	42.50		*Policy #
Other						Specify
Parent/Home						Specify
Month of Adm./sch. Exempt						Specify
Ed. Needy and Down						Specify
Parent/Spouse dependent						Specify
Secretory Income		122.00	122.00	122.00		Specify
Total Exempt Income	\$	\$ 199.50	\$ 99.50	\$ 199.50		
Available Income	\$	\$ 3000.00	\$ 3100.00	\$ 3000.00		R = Representative Payee
Resources Circle One Yes No	SPECIFY (i.e., address)				*Additional Health Insurance Policy Nos.	
Name and address of Representative Payee:						

Nature: IM Worker

Supervisor:

Im Worker
D Boss

Date:

9/10/96

9/13/96



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #7

PA-3L (rev. 7/96)

121006 -01

Murphy

William

9/1/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

SA Number: _____

Redetermination Date: 09/97
(MM/YY)

12

County Code

Long-Term Care Facility: Edison Manor

LTCF Provider Number: 4398712

Address: 246 Plainfield Ave., Edison, NJ 07683

	LTCF	PA3L #1	PA3L #2	PA3L #3	Remarks
Effective Date		9/1/96	11/1/96		A Admi, Change, Redetermination
Social Security Income		325.00	325.00		Claim #
Buy-In Amount			42.50		HIC #
Gross Social Security Benefit		325.00	367.50		
Railroad/ Veteran		953.00	953.00		Claim # RR - AA643-21-5876 VA - 13621589
Pension/Other Benefit					Specify
Indemnity					Specify
Total Other Income	\$	\$ 953.00	\$ 953.00	\$	Spouse's S.S.A. #
Total Gross	\$	\$ 1278.00	\$ 1320.50	\$	M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
VA		35.00	35.00		
Health Premium (total \$)					*Policy #
Other					Specify
Parent/Home					Specify
Month of Adm/ sch. Exempt					Specify
Ed. Needy and Down					Specify
Parent/Spouse dependent					Specify
Discretionary Income					Specify
Total Exempt Income	\$	\$ 35.00	\$ 35.00	\$	
Available Income	\$	\$ 1243.00	\$ 1285.50	\$	R = Representative Payee
Resources Circle One (es) No	SPECIFY (i.e., address) First Fidelity Bank Acct. #63859				*Additional Health Insurance Policy Nos.

Name and address of Representative Payee: _____

Signature: IM Worker: _____

Im Worker

Date: 9/15/96

Supervisor: _____

D. Boss

Date: 9/17/96



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #8

PA-3L (rev. 7/96)

141001 0-01

Doe, John

9/1/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

14

SA Number:

Redetermination Date: 09/97
(MM/YY)

County Code

Long-Term Care Facility: Lakeside N.H.

LTCF Provider Number: 4446205

Address: 130 Broadway, Wayne, N.J. 07470

	LTCF		PA3L #1	PA3L #2	PA3L #3	PENALTY	Remarks	PREMIUM
Effective Date			9/1/96	10/1/96	11/1/96	A	Admit Change, Redetermination	
Social Security Income			682	682	682		Claim #	
Pay-In Amount					49.50		HIC #	
Gross Social Security Benefit			682	682	731			
Railroad/Veteran							Claim #	
Pension/Other Benefit							Specify	
Demerity							Specify	
Total Other Income	\$		\$ 0	\$ 0	\$ 0		Spouse's S.S.A. #	
Total Gross Income	\$		\$ 682	\$ 682	\$ 731		M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension	
VA			35	35	35			
Health Premium (Total \$)			77.19	77.19	77.19		*Policy # BC/BS6310002401-W2	
Other							Specify	
Unit/Home							Specify	
Month of Adm./Sch. Exempt							Specify	
Ind. Needy and Down							Specify	
Int/Spouse dependent							Specify	
Discretionary Income							Specify	
Total Exempt Income	\$		\$ 112.19	\$ 112.19	\$ 112.19			
Available Income	\$		\$ 569.81	\$ 569.81	\$ 618.81		R = Representative Payee	
Resources (Circle One) Yes No	SPECIFY (i.e., address) Hudson City Savings Acct. #040802636					*Additional Health Insurance Policy Nos.		

Name and address of Representative Payee:

Signature: IM Worker: *Im. Worker*

Date: 9/21/96
9/22/96



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #9

PA-3L (rev. 7/96)

13100 3-01

Smith Joseph

9/1/95

7/12/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

SA Number: _____

Redetermination Date: 09/97
(MM/YY)

13

County Code

Long-Term Care Facility: Lovely N.H.

LTCF Provider Number: 1538752

Address: 209 Ocean Ave., Avon-by-the-Sea, N.J. 07765

	LTCF		PA3L #1	PA3L #2	PA3L #3	Remarks
Effective Date	9/95	R	1/96	9/96		Admit, Change, <u>Redetermination</u>
Social Security Income			1234.00	N/C		Claim #
Paid-In Amount						HIC #
Gross Social Security Benefit			1234.00	N/C		
Railroad/Veteran Pension/Other Benefit			1000.00	N/C		Specify Teamsters Pension
Compensation						Specify
Total Other Income	\$		\$ 1000.00	\$ N/C	\$	M Spouse's S.S.A. # Wife - Mary Smith 3
Total Gross Income	\$		\$ 2234.00	\$ N/C	\$	M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
PA			35	N/C		
Health Premium (Total \$)		H	76.00	N/C		*Policy # BC/BS1532186
Other						Specify
Int/Home						Specify
Month of Adm./Ch. Exempt						Specify
Ind. Needy and Down						Specify
Int/Spouse dependent						Specify
Discretionary Income						Specify
Ind Exempt Income	\$		\$ 111.00	\$ N/C	\$	
Eligible Income	\$		\$ 2123.00	\$ 2123.00	\$	R = Representative Payee
Resources (Circle One) s No	SPECIFY (i.e., address) Fleet Savings Acct. #632581-03					*Additional Health Insurance Policy Nos. AARP 155-40770

Address of Representative Payee: Joseph Smith, Jr. 241 Monmouth Rd., Deal, NJ

Signature: IM Worker: Im Worker

Date: 9/20/96

9/21/96

Supervisor: P. Boss

Date: _____



STATE OF NEW JERSEY
Department of Human Services
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

SAMPLE #10

PA3L (Rev. 1/90)

131001 -01

Smith

John

9/1/95

7/6/96

HSP (Medicaid) Case Number

Last

First

Elig. Eff. Date

Print Date

Number: 123-45-6789

Redetermination Date:

09/96

13

(MM/YY)

County Code

Long-Term Care Facility: Lovely Nursing Home

LTCF Provider Number:

4360947

Address: 209 Ocean Ave., Avon-by-the-Sea, N.J. 07765

	LTCF		PA3L #1	PA3L #2	PA3L #3	Remarks	
Effective Date			9/96			R	Admit, Change, <u>Redetermination</u>
Social Security Income			758.00				Claim # 123-45-6789A
Buy-In Amount							HIC # 123-45-6789A
Gross Social Security Benefit			758.00				
Railroad/Veteran Pension/Other Benefit			200.00				Specify General Electric 123-45-6789
Indemnity							Specify
Total Other Income	\$		\$ 200.00	\$	\$		Spouse's S.S.A. #
Total Gross Income	\$		\$ 958.00	\$	\$		M = Married couple same LTCF N = Medically Needed F = Foreign Pension G = VA A+A P = VA Improved Pension
NA			35				
Health Premium (Total \$)			150.00				*Policy # AARP 263-51-86667
Other							Specify
Resident/Home							Specify
Month of Adm./sch. Exempt							Specify
Med. Needy End Down							Specify
Resident/Spouse Dependent							Specify
Discretionary Income							Specify
Al Exempt Income	\$		\$ 185.00	\$	\$		
Available Income	\$		\$ 773.00	\$	\$		R = Representative Payee
Resources Circle One Yes/No	SPECIFY (i.e., address) Midlantic Bank Savings Acct. #					*Additional Health Insurance Policy Nos. BC/BS 1575-15532	

and address of
Representative Payee:

Signature: IM Worker:

Im. Workers

Date: 9/1/96

Supervisor:

D. Boss

Date: 9/2/96